

Application Data Sheet Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks:: 0
Number of copies of CDs:: 0
Sequence submission?:: No
Computer Readable Form (CRF)?:: No
Number of copies of CRF:: 0
Title :: INTERVERTEBRAL DISK PROSTHESIS
OR ARTIFICIAL VERTEBRA
Attorney Docket Number:: LUS-16017
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: Fig. 1
Total Drawing Sheets:: 3
Small Entity?:: No
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Switzerland 1-00
Status:: Full Capacity
Given Name:: Armin
Middle Name::
Family Name:: Studer
Name Suffix::
City of Residence:: Steinhausen
State or Province of Residence::
Country of Residence:: Switzerland CHX
Street of mailing address:: Bahnhofstrasse 34
City of mailing address:: Steinhausen
State or Province of mailing address::
Country of mailing address:: Switzerland
Postal or Zip Code of mailing address:: CH-6312

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Switzerland 2-00
Status:: Full Capacity
Given Name:: Jason
Middle Name::
Family Name:: Trachsel
Name Suffix::
City of Residence:: Ipsach
State or Province of Residence::
Country of Residence:: Switzerland CHX
Street of mailing address:: Schürlistrasse 12
City of mailing address:: Ipsach
State or Province of mailing address::
Country of mailing address:: Switzerland

Postal or Zip Code of mailing address:: CH-2563

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Switzerland 3-00
Status:: Full Capacity
Given Name:: Martin
Middle Name::
Family Name:: Wymann
Name Suffix::
City of Residence:: Liebefeld
State or Province of Residence:: CHX
Country of Residence:: Switzerland
Street of mailing address:: Rosenweg 13
City of mailing address:: Liebefeld
State or Province of mailing address::
Country of mailing address:: Switzerland
Postal or Zip Code of mailing address:: CH-3097

Correspondence Information

Correspondence Customer Number :: 0040854
Phone number:: 216-566-9700
Fax Number: 216-566-9711
E-Mail address:: spaw@rankinhill.com

Representative Information

Representative Customer Number::	0040854	
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/CH2002/000582	10/28/02

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: MATHYS MEDIZINALTECHNIK AG
Street of mailing address:: Güterstrasse 5
City of mailing address:: Bettlach
State or Province of mailing address::
Country of mailing address:: Switzerland
Postal or Zip Code of mailing address:: CH-2544